Ì	7	
•	1	

Please type a plus sign (+) inside this box →

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE ollection of information unless it displays a valid OMB control number

Under the Paperwork Reduction Act of 1995, no persons are required to

## UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No.		C-3419/1/US		
First Inventor		Royal J. Haskell	P.T.	
Title		Laboratory Scale Milling Process	, L	
Express Mail Label No.		EJ809798173US	50	

(Only for new I	nonprovisional applications under 3	7 CFR 1.53(b)) Express	Mail Label No.	<u> </u>	EJ809798173US	≥≥			
See MPEP o	APPLICATION ELEME		ADI	ASSISTANT Commissioner for Patents  ADDRESS TO: Box Patent Application Washington, D.C. 20231					
1. Fe (St	e Transmittal Form (e.g., PTC abmit an original, and a duplicate for plicant claims small entity state 37 CFR 1.27.	D/SB/17) or fee processing)	8. Nucleotid	D-ROM or CD-R in computer Program	n duplicate, large table	1			
- D - D - C - S - R - B	eferred arrangement set forth belo Descriptive title of the invention cross Reference to Related Ap Statement Regarding Fed spot Reference to sequence listing, or a computer program listing a Background of the Invention	n oplications nsored R & D a table, appendix	a. b. Sp	b. Specification Sequence Listing on:  i.					
	Brief Summary of the Invention		ACCC	MPANYING	APPLICATION PA	RTS			
4.	- Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure  4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 4 ]  5. Oath or Declaration - Return Receipt Postcard (MPEP 503) - (Total Pages 1) - (Total Pages 2) - (Total Copy from a prior application (37 CFR 1.63(d)) - (Total Copy from a prior application (37 CFR 1.63(d)) - (Total Copy from a prior application (37 CFR 1.63(d)) - (Total Copy from a prior application (37 CFR 1.63(d)) - (Total Copy from a prior application (37 CFR 1.63(d)) - (Total Pages 2) - (Total Pages 3) - (Total Sheets 4) - (Total Pages 3) - (Total Sheets 4) - (Total Pages 3) - (Total Sheets 4) - (Total Pages 3) - (Total Pag								
reference. The	e incorporation <u>can only</u> be relie	sciosure or the accomp ed upon when a portion I	nas been inadverten	tly omitted from th	e submitted application p	arts.			
		19. CORRESPO	ONDENCE ADD	RESS					
Customer Number or Bar Code Label (Insert Customer No. or Att.)			ittach bar code label l	or 🔀 Correspondence address below ach bar code label here)					
	Pharmacia Corporation								
Name	Patent Department								
Address	800 N. Lindbergh Boulevard - #04E								
City	St. Louis	State	Missouri	Zip Co	de 63167				
Country	USA	Telephone	314-694-6812		Fax 314-694-9095				
Name	(Print/Type) James C. Forbes		Registra	ntion No. (Attorney/A	ident) 20 455	_			
Signati		C. Fortels	7,09,500	—— <u>—</u>	29,457 Date December 5, 200	1			
	1 muuus	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		<b></b>					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



PTC/SB/17 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to r espond to a collection of information unless it displays a valid OMB control number.

## FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT \$1,660.00

ļ ak l./T

ļ, ak

Complete if Known				
Application Number	To be assigned			
Filing Date	December 5, 2001			
First Named Inventor	Royal J. Haskell			
Examiner Name	To be assigned			
Group Art Unit	To be assigned			
Attorney Docket No.	C-3419/1/US			

METHOD OF PAYMENT			FEE CALCULATION (continued)									
The Commissioner is hereby authorized to charge			3. ADDITIONAL FEES Large Entity Small Entity									
i Deposit	dicated fees and credit any ove	rpayments to:	Large E Fee		Small E Fee	ntity Fee	Fee De	escription		Fee Paid		
Account Number	19-1025		Code 105	( <b>\$)</b> 130	Code 205	(\$) 65	Surcharge - late fil					
Deposit Account	Pharmacia Corp	oration	127	50	227	-	Surcharge - late p					
Name	L		139	130	139	130	Non - English spe	cification				
⊠°	harge Any Additional Fee Required inder 37 CFR §§ 1.16 and 1.17		147	2,520	147	2,520	For filing a reques	t for ex parte	e reexamination			
A	pplicant claims small entity status. ee 37 CFR § 1.27		112	920*	112		action		ation of SIR prior to Examiner			
<del></del>	Payment Enclosed:		113	1,840*	113	,840*	Requesting public action	ation of SIR	after Examiner			
		Money Dther	115	110	215	55	Extension for repl	y within first	month			
<del></del>			116	390	216	195	Extension for repl	y within sec	within second month			
	FEE CALCULATIO	N	117	890	217	445	Extension for repl	y within thire	d month			
	IC FILING FEE		118	1,390	218	695	Extension for repl	ly within four	rth month			
Fee Fe	ntity Small Entity se Fee Fee Fee Description	n Fee Paid	128	1,890	228	945	Extension for repl	ly within fifth	month			
Code (\$		710.00	119	310	219		Notice of Appeal					
101 710		710.00	120	310	220	155	Filing a brief in su	pport of an	appeal			
106 32 107 49			121	270	221	135	•	_				
107 49		, =====================================	138	1,510	138		Petition to institut					
114 15			140	110	240		Petition to revive					
1	SUBTOTAL (1)	\$710.00	141	1,240	241		Petition to revive					
			142	1,240	242		Utility issue fee (					
2. EXTRA CLAIM FEES Fee from		143	440	243	_	Design issue fee						
Extra Claims   below   Fee Paid		144	600			Plant issue fee						
		122				Petitions to the C						
		123				Processing fee u						
		126	3 180	126	180	Statement						
Fee Fe		scription	581	1 40	581		(times number of	f properties)		′		
103 1	8 203 9 Claims in exce		146	3 710	246	355	Filing a submissi (37 CFR § 1.12	ion after fina 29(a))	al rejection			
102 8 104 27		laims in excess of 3 ndent claim, if not paid	149	9 71	0 249	355	For each additio (37 CFR § 1.12	nal inventior	to be examined			
	30 209 40 ** Reissue inc	lependent claims	179	9 71	0 279		5 Request for Con					
1	over origina	patent	169	9 90	0 169	900	Request for exp	edited exam ication	ination			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent				of a design application  Other fee (specify)								
	SUBTOTAL (2)	\$950.00					E - B-11	SUBTO	TAL (3)			
**or numbe	*R	*Reduced by Basic Filing Fee Paid SUBTOTAL (3)										
SUBMIT	SUBMITTED BY							Complete (i	if applicable)			
	Name (Pnnt/Type) James C. Forbes			Registration No. 39,457 Telephone &			847-58	1-6090				
Signature	James	C. Farbes						Date	December :	5, 2001		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

Burden Hour Statement: This form is estimated to take 0.2 hours to complete Time will vary depending upon the needs of the individual case Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.